

## **EXHIBIT D**

November 7, 2016 correspondence by Tina Bishop,  
Life Insurance Claim Form of Tina Bishop and Last  
Will and Testament of Jane Millwood

Tina Bishop  
214 Crooked Tree Drive  
Inman, SC 29349  
(864)706-9872  
November 7, 2016

Attn: DeAnn Worth, Life Claim Examiner  
State Farm Life Insurance  
Agent Wanda Bradey  
Fax (309)622-6676

Re: Insured Jane W Millwood  
Life Insurance Policy LF-0939-2349

I am writing this letter in order to express why I feel I'm legally entitled to my mother's life insurance.

She named me as the executor of her estate in her will. She always worried her debts would not be paid, and she felt that I would see that they were paid. She expressed to me she had increased her life insurance to \$100,000 instead of the original \$50,000 to insure her debts would be paid, and if an amount was left she wanted it to be paid to my brother and me equally. She verbally told me she wanted us to use the money to pay off her house. She made me promise her many times that I would leave no bill unpaid after her death.

I have not been able to file through probate court because I did not have the paid receipt from the funeral home. I went to probate and asked again if the proceedings could be started in order for me to be appointed the legal representative. The Probate Court Office gave me the forms, paperwork, and a court date for January 20, 2016, at 2:00 pm.

My mother had a new will made after her divorce. She took Bryant Millwood's name off of everything she owned. She had her house mortgage put in her name only. She changed her name on her checking, and savings account. She had his name taken off of her credit cards. She also changed her retirement beneficiary from his name to mine and my brother's name. After backtracking thru her paperwork, I believe she had her new will made up last so that if she didn't change his name on something, the will would be the final document to state how she wanted her estate settled.

My mother's life insurance policy's beneficiary was signed in 1992. Her divorce was in August 2002. And her new will and last testament was in May 2003. In the state of South Carolina divorce cancels out the beneficiary.

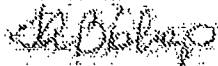
My mother did not intend for her ex-husband, Bryant Millwood, to receive one-cent of her estate. She detested him. They were married for 20 years, and without any warning he left her for his cousin. Their divorce was very ugly. And in the 14 years since the divorce she has probably spoken to him five times. She would not talk to him on the phone. And when he moved back to Inman a few years ago, she would not let him in the house or even talk to him on the porch.

page 2 of Bishop (Estate Jane W Millwood)

My mother did not want Bryant Millwood to have anything of hers, much less her life insurance. She expressed many times she had worked hard all these years and made her life insurance payments faithfully, so that her estate would be taken care of.

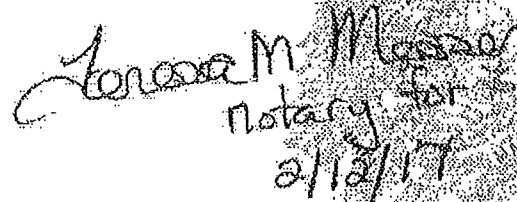
My mother's funeral expense is a little over \$12,000. At the present time her other expenses total approximately \$30,000, although I don't have all the final statements. My brother and I are not financially able to pay these expenses. We both want her expenses to be paid by the life insurance policy as she planned in May 2003.

Sincerely,



Tina A Bishop, Daughter of Jane W Millwood

Attachment



Teressa M. Masson  
Notary for  
2/12/17

# Last Will and Testament

## of

JANE MILLWOOD

I.

I, JANE MILLWOOD, being a resident and domiciliary of the County of Spartanburg, State of South Carolina, being of sound mind and able body do hereby freely and voluntarily without undue influence of any kind whatsoever upon me cause this instrument to be scribed for the sole purpose that it be recognized from this day forward and until expressly revoked by me, as my Last Will and Testament. This Last Will and Testament is not made in contemplation of death, but is made for the purpose of estate planning in the event of my demise so that my property, whether personalty, realty or mixed property, of whatever kind and wherever situated, will pass in such quantities to those whom I have named herein, infra.

II.

I have made this Last Will and Testament this 27 day of May 2003 in the County of Spartanburg, State of South Carolina in accordance with the statutory requirements of the State of South Carolina. Therefore, I choose South Carolina law as my choice of law for this my Last Will and Testament. This Last Will and Testament consists of three pages in its entirety, all type written of which this is Page 1.

III.

I hereby expressly revoke any and all previous Wills and any and all previous Codicils executed by me.

IV.

If any part of this Last Will and Testament be found null and void by a Court of competent jurisdiction after my demise, then that part of this Last Will and Testament found to be null and void shall fail in accordance with the direction of the Court and that part shall pass through this, my Last Will and Testament, as provided for in the residuary clause contained herein, infra. It is my expressed intention that this, my Last Will and Testament, as a whole shall not fail in the event that a Court of competent jurisdiction determines a part or parts of it to be null and void.

JANE KMLW  
[Signature]

To: RF20LIFEHEALTH

From: Sta

Fax: FOIP ISCC SS2

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V.

If under the terms of this my Last Will and Testament any property, whether personalty, realty or mixed property, of whatever kind and wherever situated is bequeathed or devised or becomes distributable to a beneficiary or devisee or distributee who has not attained the age of eighteen (18) years of age at the date of my death, then notwithstanding the provisions of this my Last Will and Testament bequeathing or devising or distributing such property whether personalty, realty or mixed property, of whatever kind and wherever situated to such beneficiary or devisee or distributee, I hereby bequeath and devise such property, whether personalty, realty or mixed property, of whatever kind and wherever situated to such beneficiary or devisee or distributee under the South Carolina Uniform Gifts to Minors Act.

VI.

I direct that all estate, inheritance, succession or death or similar taxes (except generation skipping transfer taxes) assessed with respect to my estate herein disposed of or any part thereof or on any bequest or devise contained in this my Last Will and Testament or on any insurance on my life or on any property held jointly by me with another or on any transfer made by me during my lifetime or on any other such property or interest in property included in my estate for such tax purposes be paid out of my residuary estate and shall not be charged to or against any recipient, beneficiary, legatee, transferee, distributee or devisee or owner of any such property or interest in property included in my estate for such tax purposes.

VII.

I hereby nominate, constitute and appoint as Personal Representative of this, my Last Will and Testament, Tina A. Bishop, and direct that she shall serve without bond. She shall have and hereby is vested with full power and authority to sell, exchange or otherwise dispose of all or any part of my property in her discretion.

VIII.

I hereby bequeath, devise, distribute and otherwise give all of my property, whether personalty, realty or mixed property of whatever kind and wherever situated to Tina A. Bishop and Lyndon Bear Milkwood in equal shares, to have and to hold, absolutely, forever.

To: RF20LIFEHEALTH

From: Stat

Fax: FOIP ISCC SS2

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## IX

In the event that any part of my estate should pass intestate or become intestate, I hereby give, bequeath, devise, and distribute the said property to Tina A. Bishop and Lyndon Beau Millwood in equal shares, to have and to hold, absolutely, forever.

I, JANE MILLWOOD, the Testatrix, subscribe my name to this instrument this 27 day of May 2003, and I do hereby declare that I subscribe and execute this instrument as my Last Will and Testament, and that I subscribe this instrument freely and voluntarily for the purposes heretofore expressed, supra; that I am an individual eighteen (18) years of age or older; that I am of sound mind; and, that I am under no undue influence or duress of any kind.

Jane W. Millwood  
JANE MILLWOOD

We, the undersigned witnesses, sign our names to this instrument, and at least one of us, being first duly sworn, does hereby declare, generally to the undersigned authority, that the Testatrix signs and executes this instrument as Testatrix's Last Will and Testament and that the Testatrix signs it willingly and that each of us, in the presence and hearing of the Testatrix hereby signs this Last Will and Testament as witness to the Testatrix's signing, and that to the best of our knowledge the Testatrix is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

Ruth Kelly  
Kimberly W. Holman

STATE OF SOUTH CAROLINA

COUNTY OF SPARTANBURG

Subscribed, sworn to and acknowledged before me by the Testatrix whose name appears above and subscribed and sworn to before me by the other witnesses whose names appear above this 27th day of May 2003.

Tina C. Williams  
NOTARY PUBLIC FOR SOUTH CAROLINA  
My Commission Expires: 08-30-11

Jane  
JAN 16 2003



To: RF20LIFEHEALTH

From: Stat

Fax: FOIP ISCC SS2

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State Farm Life Insurance Company (Not licensed in MA, NY or WI)  
State Farm Life and Accident Assurance Company (Licensed in NY and WI)

### Life Insurance Claim Form

Policy Number

LE 03 99-2349

A separate Life Claim Form must be fully completed for each beneficiary

The following statement is required on this claim form by law in several states: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

#### Section 1 - Deceased's Information

Full Name of Deceased: Steve Wood Miller Date of Birth: 1944  
Manner of Death (illness, accident, homicide, suicide): Illness Cause of Death: Cancer

#### Section 2 - Beneficiary's Information

If the beneficiary is a Trust and multiple trustees are recorded, please provide the name, address, and phone number for each trustee.

Full Name of Beneficiary (or Trust): Tina A Bishop  
Date of Birth: 1962  
Phone number: Home: (811) 864-9872 Work: (811) 864-9872

#### Section 3 - All beneficiaries must complete Section 3 in full (TIN, Name, Address, Date, Signature)

If the beneficiary is a minor, please provide the minor's information. Trust or estate TIN numbers may be obtained by visiting [www.irs.gov](http://www.irs.gov).

#### Substitute W-9 Information/Taxpayer Identification Number (TIN) - Please Print:

Social Security Number: 8244  
Employee Identification Number (Entity only):  
Name: Tina A Bishop  
Address: 24 Crooked Tree Drive  
(Physical Address - Include Street, Apartment Number, P.O. Box)  
City: Taman State: SC ZIP: 29349

I certify under penalties of perjury that: (1) The TIN shown above is correct (2) I am a US Citizen or other US person (defined below), and (3) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, or I am exempt from backup withholding. (4) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA) with respect to the account(s) for which this form has been requested because I hold or otherwise maintain the account(s) in the United States.

Definition of U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

You must cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign here: Signature of U.S. Person: Tina Bishop Date: 11/07/2016

Please complete page 2 of this claim form

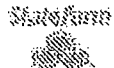
To: RF20LIFEHEALTH

From: Stat

Fax: FOIP ISCC SS2

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State Farm Life Insurance Company (Not licensed in MA, NY or WI)  
State Farm Life and Accident Assurance Company (Licensed in NY and WI)

11

Policy Number  
LE 0931-2349

Name of Beneficiary (or Trust)

Tim A. Bishop

**Section 4 - Indicate the beneficiary's desired settlement below.**



Lump Sum



Interest Method Account

Additional form needed:

- *Supplementary Contract Disclosure Acknowledgement and Beneficiary Designation Form*

**Periodic Installment Payments**



Fixed Amount Installment of \$:

☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual



Fixed Years Installments for \_\_\_\_\_ years

☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Additional form needed:

- *Supplementary Contract Disclosure Acknowledgement and Beneficiary Designation Form*

**Life Income Methods**



Single Life Income



Single Life Income \_\_\_\_\_ years certain (choose between 5 and 20 years)



Joint Life Income

Joint Life Income ☐ 10 ☐ 15 ☐ 20 years certain

Joint Payee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Additional form needed:

- *Supplementary Contract Disclosure Acknowledgement and Beneficiary Designation Form*
- *Copy of Birth Certificate (For Single Life Income and BOTH persons on a Joint Life Income option)*



State Farm Benefit Management Account

Additional form needed:

- *State Farm Benefit Management Account Disclosure Acknowledgement and Beneficiary Designation Form*